



Application Data Sheet

Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A METHOD AND SYSTEM FOR DETERMINING TOTAL CODE EXECUTION TIME IN A DATA PROCESSOR
Attorney Docket Number::	1533-1003
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: PETER
Middle Name::
Family Name:: GERELL
Name Suffix::
City of Residence:: HAGERSTEN
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: OLOF SKOTKONUNGS VAG 18
City of Mailing Address:: HAGERSTEN
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-126 50

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: THOMAS
Middle Name::
Family Name:: STROMQVIST
Name Suffix::
City of Residence:: SOLNA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: HAGALUNDSGATAN 42
City of Mailing Address:: SOLNA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-169 64

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/00199	2/6/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0200383-8	2/8/02	Yes

Assignment Information

Assignee Name:: AKTIEBOLAGET DARON

Street of Mailing OLOF PALMES GATA 29

Address::

City of Mailing Address:: STOCKHOLM

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: 11122